

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012118

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 272Primary Registration District No. 3908Registrar's No. 14

FILED MAR 21 1962

1. PLACE OF DEATH

a. COUNTY

Pemiscott

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Hermondale

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Highway 61

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Inside Limits

Yes ☒ No ☐

Cal. North Hollywood

d. STREET ADDRESS (If outside, give location)

10710 Collins St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Leonard

Worth

Woodall

Middle

Last

4. DATE

OF DEATH

Month

Day

Year

2-18-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

Unknown

8. DATE OF BIRTH

8-4-1913

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Trailer Mobile

10b. KIND OF BUSINESS OR INDUSTRY

Plant

11. BIRTHPLACE (City and state or country)

Kentucky

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Leonard

Woodall

13b. MOTHER'S MAIDEN NAME

Mary

Ashworth

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

(If yes, give war or dates of serv)

16. SOCIAL SECURITY NO.

Informant Mary K. Chamberlin

10710 Collins N. Hollywood Cal.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broken Neck

DUE TO (b)

Run Over by Automobile

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Internal Injuries

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Run Over by Automobile

20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m.

2-18-62

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Near State Highway

20f. CITY, TOWN, OR LOCATION

State Line Pemiscott, Mo

COUNTY

STATE

21. I attended the deceased from

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Jimmy Osburn Coroner

22b. ADDRESS

Wardell, Mo

22c. DATE SIGNED

3-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-5-62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Memorial Park Hollywood Cal.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cobb Funeral Home

Blytheville Ark.

25. DATE RECD. BY LOCAL REG.

3-15-62

26. REGISTRAR'S SIGNATURE

J. Osburn

KS APR 26 1962

MAR 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

for, R. H. Thomas

Licensed Embalmer No. 3100

P. O. Address _____

Bethesda, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.